



1645

PTO/SB/83 (03-02)

Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT**

Application Number	09/823,887
Filing Date	03/31/2001
First Named Inventor	SANJAY KUMAR
Group Art Unit	1645
Examiner Name	SALLY A. SAKELARIS
Attorney Docket Number	059666.1985

To: Assistant Commissioner for Patents  
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Applicant has failed to pay one or more bills rendered by the law firm for an unreasonable period of time. Registrant has been given due notice of the law firm's intent to withdraw from representation and filing of these papers with the Office.

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

**CORRESPONDENCE ADDRESS**☐ Customer NumberPlace Customer Number  
Bar Code Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Council of Scientific and Industrial Research				
Address	Kumaran & Sagar 84-C, C-6 Lane				
Address	SAINIK FARMS				
City	NEW DELHI	State		ZIP	110 061
Country	INDIA				
Telephone	011-9111-653-3182	Fax	011-9111-653-3889		

- ☒ This request is made on behalf of myself and
- ☒ all the attorneys/agents of record,
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number \_\_\_\_\_
- This request is enclosed in triplicate (including any attachments).

Name	DWAYNE L. MASON, REG. NO. 38,959
Signature	
Date	01/10/03

NOTE: Withdrawal is effective when approved rather than when received.  
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED  
JAN 21 2003  
TECH CENTER 1600/2900